

*Information Summary and Recommendations*

# Nursing Assistants Specializing in Developmental Disabilities Sunrise Review

January 1994



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# The Sunrise Review Process

## Legislative Intent

It is the Legislature's intent to permit all qualified individuals to enter a health care profession. If there is an overwhelming need for the state to protect the public, then entry may be restricted. Where such a need to restrict entry and protect the public is identified, the regulation adopted should be set at the least restrictive level.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- ☞ Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- ☞ The public can reasonably benefit from an assurance of initial and continuing professional ability; and
- ☞ The public cannot be protected by other more cost effective means.

There are three types of credentialing:

- ☞ *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant could be subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
- ☞ *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
- ☞ *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

## Overview of Proceedings

The Department of Health notified the applicant group, all professional associations and board and committee chairs and staff of the Sunrise Review. Meetings and discussions were held and documents circulated to all interested parties.

Regulatory agencies in all other states were requested to provide sunrise reviews, regulatory standards, or other information which would be useful in evaluating the proposal. A literature review was conducted. Staff have reviewed all submitted information and asked for feedback from interested parties.

A public hearing was conducted in Olympia. The hearing panel included department and State Board of Health staff. Persons were allowed to give time limited presentations. A general discussion and response period followed the hearing as well as an additional ten-day written comment period.

Following the public hearing and additional written comments, a recommendation was made based on all information received and in consultation with the public hearing panel. The applicant group and other interested parties were briefed on the draft recommendations. The proposed final draft will be reviewed and approved by the Licensing and Certification Assistant Secretary and Department Secretary. The final report was transmitted to the Legislature via the Office of Financial Management.



## Executive Summary

The Legislature has asked the Department to review House Bill 1409, which would create a new category of Nursing Assistant - Registered, Specializing in Developmental Disabilities (NA/DD). This new type of Nursing Assistant would be allowed to administer specified routine medications and procedures after training, supervision, and delegation of these tasks by a licensed registered nurse. These Nursing Assistants would be allowed to practice only in community residential programs certified by the Division of Developmental Disabilities (DDD), Department of Social and Health Services (DSHS).

Participants in the study included: the Community Residential Services Association, the Washington State Board of Nursing, the Division of Developmental Disabilities, Department of Social and Health Services, the Developmental Disabilities Planning Council, Department of Community Development, the Statewide Coalition of County Developmental Disability Advisory Boards, the Arc of Washington State (formerly Association for Retarded Citizens), Washington Assembly for Citizens With Disabilities, the Washington Protection & Advocacy System, Home Care Association of Washington, the Washington State Nurses Association, the Service Employees International Union District 1199 Northwest, concerned parents of persons with developmental disabilities, the State Board of Health, and Department of Health staff.

The Department has the following recommendations: (1) The applicants' proposal to create a new category of Nursing Assistant - Registered, Specializing in Developmental Disabilities, should be accepted as amended by the applicants, and with additional technical amendments suggested by the Department and agreed to by the applicants; (2) A sunset provision of one or two years should be included; and (3) Expansion of the nurse delegation to nursing assistants able to perform comparable tasks for comparable client populations should be considered.

## Recommendations

1. *Applicant's proposal to create a new category of Nursing Assistant - Registered (NAR) Specializing in Developmental Disabilities should be accepted, with amendments.*
2. *A review of the effectiveness of this program in 1996 should be included.*
3. *Expansion of the nurse delegation to nursing assistants able to perform tasks identical to those included in HB 1409 for comparable client populations should be favorably considered.*

## Current Regulation

There are two levels of regulation under RCW 18.120 and 18.88A.020 for Nursing Assistants in Washington: certification and registration. In order to become a Nursing Assistant - Certified (NAC), an applicant must have completed a 85-hour training program approved by the Board of Nursing, or alternative training meeting criteria established by the Board of Nursing, and pass a basic skills and knowledge examination. These approved training programs are normally provided through Community and Technical Colleges, or through programs at nursing sites.

Certification is a voluntary process, which grants recognition to a member of the profession, indicating they have met the regulatory educational and examination requirements and, therefore, may use "certified" in their title or designation. A non-certified person may still practice within the scope of a certified profession, but may not use "certified" in her/his title.

To become a Nursing Assistant - Registered (NAR), the only requirement is for the applicant to provide the Department of Health (DOH) with a fee, her/his name, address and other information required by the DOH Secretary. Registration may be either voluntary or mandatory, depending on the regulatory statute; for NARs, registration is mandatory.

Both NACs and NARs are subject to RCW 18.130, the Uniform Disciplinary Act (UDA), under which there are provisions for administrative discipline of regulated health professionals.

Nursing Assistants work in a variety of health care settings, from institutions to home care. They may assist in the care of individuals as delegated by and under the direction of a licensed registered nurse (RN) or a licensed practical nurse (LPN). However, **neither NACs or NARs are currently allowed to administer medication or gastrostomy feedings to patients of any kind, under any circumstances.**

## Proposal for Sunrise Review

The Legislature has asked the Department to review House Bill 1409, which would create a new category of Nursing Assistant - Registered, Specializing in Developmental Disabilities. This new type of Nursing Assistant would be allowed to administer specified routine medications and perform routine procedures after training, supervision, and delegation of these tasks by a licensed registered nurse. These Nursing Assistants would be allowed to practice only in community residential programs certified by the Division of Developmental Disabilities (DDD), Department of Social and Health Services (DSHS).

The Community Residential Services Association (CRSA) submitted HB 1409 to the 1993 Legislature. CRSA represents approximately 80 operators of community residential programs for persons with developmental disabilities (hereinafter "clients"). Representative Dennis Dellwo, House Health Care Committee Chair, requested the State

Board of Health (SBOH) and DOH to conduct a Sunrise Review under RCW 18.120 and provide the Legislature with recommendations.

HB 1409 would create a new type of Nursing Assistant - Registered, Specializing in Developmental Disabilities (NA/DD). Trained staff would be allowed to administer routine medications and perform routine procedures under the supervision and/or delegation of a nurse. This would be allowed only in community residential programs certified by DDD/DSHS. Under the proposal, the following medications or treatments could be administered to clients by a NA/DD:

- ◆ Oral medication
- ◆ Topical medication
- ◆ Nose, ear, and eye drops
- ◆ Suppositories
- ◆ Home glucose testing and monitoring procedures
- ◆ Enemas packaged in unit doses only
- ◆ Prescribed emergency procedures to treat identified anaphylactic reactions
- ◆ Insulin injections, under certain specific conditions
- ◆ Gastrostomy tube feedings, under certain specific conditions

No classroom training would be required, such as it is for NACs. Instead, each NA/DD would receive individualized instruction from the supervising/delegating nurse. (While the proposal does not specifically address the issue of a delegating nurse requiring classroom training, the department interprets the proposal as allowing for such a requirement.) The nurse would provide specific, detailed instruction on the required care for each individual client to whom the NA/DD would be providing services. Training would include oral and written instructions and demonstrations if needed; observation of the NA/DD's performance of delegated tasks by the nurse; instructions that the task being taught is specific to the client only, and is not transferable to other persons; and documentation of all training. NA/DDs would be subject to the UDA. Whether or not to delegate administration of medication and/or other services would be at the sole discretion of the nurse.

## **Summary of Information Obtained**

The Department and Board of Health solicited information from all interested parties, particularly the applicants, the Washington State Nurses Association, and Service Employees International Union (Local 1199), and staff of DSHS. A public hearing was held jointly by the staff of the Department and the Board of Health on October 27, 1993. Extensive oral and written testimony was received: Twenty-one persons attended the hearing and fifteen testified. Thirteen of those testifying spoke in support of the proposal (one contingent upon amendment), and two against it. Substantial written comments were received before and after the hearing from both supporters and opponents of the proposal, including suggestions for possible modifications or amendments. Written comments in support of HB 1409 were received from a variety of agencies and organizations:

- ◆ Washington State Board of Nursing
- ◆ Division of Developmental Disabilities, Department of Social and Health Services
- ◆ Developmental Disabilities Planning Council, Department of Community Development
- ◆ Statewide Coalition of County Developmental Disability Advisory Boards
- ◆ Arc of Washington State (formerly Association for Retarded Citizens)
- ◆ Washington Assembly for Citizens With Disabilities
- ◆ Washington Protection & Advocacy System
- ◆ Home Care Association of Washington

There was little debate regarding whether or not something needs to be done to protect the client but there are different ideas about how to do so. The Washington State Nurses Association (WSNA) and Service Employees International Union (SEIU) District 1199 Northwest, representing nurses, have both submitted written reservations and suggestions for amendment of HB 1409.

*The following information is a summary of the information received. It represents a paraphrasing of that information and does not reflect the opinion of the Department or anyone other than the group(s) to whom the statements are attributed.*

## **1. The Nature of Potential Harm to the Public**

### *Applicants and Supporters*

CRSA indicates that there is current harm to the health of clients from maintaining the status quo. Clients may now be receiving care from untrained, unregulated staff, and action needs to be taken to ensure that clients receive safe, proper care. Nursing Assistants are not currently allowed to administer medicine. Only designated medical providers are allowed by state law to do so. CRSA indicates that such higher-level providers (usually RNs or LPNs in DD settings) are much more scarce and expensive than their proposed alternative of utilizing NA/DDs. Under the current system, the entire daily schedule of clients revolves around the availability and itinerary of a traveling nurse. If the nurse is late or unable to provide service, the client is inconvenienced and potentially imperiled. Because of the difficulty of scheduling proper nursing care, lay staff may find it necessary or more convenient to provide some restricted services themselves, illegally.

Examples were provided by CRSA and other proposal supporters, showing the potential danger to clients from even temporary nurse unavailability: persons with an epileptic seizure requiring immediate medication; and severe weather (blizzard or windstorm) that prevents travel by nurses to residential settings. In each of these cases, current staff would not be allowed to provide medication or other restricted services to clients. Their only immediate alternative would be to call "911" or other emergency medical service to provide the needed treatment.



Even the groups who recommended changes to proposed HB 1409 do not dispute the potential danger to clients from untrained and unlicensed staff currently providing medical and other restricted services. However, they express concerns about qualifications and training of NA/DDs, who will be breaking new ground in the acquisition and exercise of nurse delegation of administering medication and other medical services. Even NACs, who are required to satisfy specific education and examination requirements, are not currently allowed to provide the medications and services proposed under HB 1409. This proposal would allow a vast new scope of practice to nursing assistants without providing the training adequate to competently exercise this new authority. Without proper formalized training to ensure basic competency in the understanding of medical conditions and potential detrimental side-effects from medications, an additional potential harm may be created for the client.

## **2. Benefit to the Public**

### *Applicants and Supporters*

The focus of the proposal is on the well-being of clients who would receive medication and services from an NA/DD. The applicants state that HB 1409 would promote the health, safety, and well-being of clients in a number of ways:

- ◆ By ensuring fundamental training and competency to the on-site caregivers, DDD clients are protected from harm by untrained and unregulated staff *de facto* providing medical services.
- ◆ Because the NA/DDs would be regular staff with an ongoing caregiving relationship with DDD clients, they would be more familiar to the clients than visiting nurses. This important personal connection between the NA/DD and the client would promote improved client satisfaction. The personal relationships developed between the NA/DD and the client would also promote improved quality of care, due to a sense of "family" between staff of community residential programs and the DDD clients.
- ◆ The convenience of services would be enhanced by having NA/DDs available on-site, able to accommodate changing circumstances and needs of clients.
- ◆ The prestige and wages for nursing assistants have been increasing in recent years, resulting in much less staff turnover than in the past. Allowing nurse delegation of tasks to nursing assistants may increase this trend, attracting better-qualified and more-stable personnel to the DD field.

In addition, some supporters of the proposal believe that the State and community residential programs may save money by using NA/DDs rather than more-expensive nurses to provide routine services. However, Board of Nursing staff estimated no net savings as a result of HB 1409.

### *SEIU and Other Opponents*

Difficult work and generally low wages result in a high turnover rate among nursing assistants. Not only does this compromise the quality of staff and services, it could add to the cost of HB 1409, due to greater need of nurses to continually provide training for a constant stream of new NA/DDs.

### **3. Other Means of Regulation**

#### *Applicants and Supporters*

Current law does not allow nurses to delegate any of the tasks enumerated in HB 1409 to nursing assistants. A statutory change is required to allow such a change in the scope of practice for nursing assistants.

CRSA has indicated that registration was requested in HB 1409, rather than certification, in order to maintain the least-burdensome level of statutory regulation.

Performing the tasks proposed under HB 1409 would comprise only a small percentage of the NA/DD's job. Most of the job duties for staff in DDD-certified community residential programs are more routine, non-medical caregiving functions, so formal classroom training (such as that required for certification) would be excessive. By removing important caregivers from their duties during classroom training, care for clients could actually deteriorate.

As a safeguard, CRSA emphasizes that nurses have the final determination regarding whether or not to delegate duties to NA/DDs. If the nurse felt uncomfortable about delegating a certain task for a particular patient due to lack of NA/DD expertise or complexity of task, they could choose to withhold delegation. This absolute authority on the part of the nurse allows an individual evaluation of the NA/DD's competency in specific cases.

#### *WSNA and SEIU*

It has been emphasized that, though the tasks being delegated would be mostly "routine" in the sense that they rarely vary widely over time or between clients, such medical services are inherently potentially dangerous to the client. Both WSNA and SEIU propose that a minimum level of classroom training be required, and that the new classification of Nursing Assistant be certified, due to the unprecedented level of nurse delegation to these new NA/DDs. This level of regulation would be greater than that proposed by the applicants in HB 1409.

## Findings

### 1. The potential for actual physical harm to the client from the current situation is real.

There is broad consensus among the diverse parties participating in this review that there exists genuine potential for harm to developmentally disabled persons in situations where nursing care is not regularly and/or readily available, or where untrained, unregulated, and unsupervised staff are providing medical services to clients. There was little debate regarding whether or not something needs to be done to protect these clients. Instead, the debate focused on different ideas about how to do so. Ample examples of ways in which DDD clients could be harmed by the *status quo* were provided, though most were anecdotal or conceptual rather than documented.

### 2. There are precedents in Washington law for delegation of specified nursing tasks to non-nursing personnel.

RCW 18.88.030(5) allows "nursing care of the sick, without compensation, by any unlicensed person who does not hold herself or himself out to be a registered nurse." Unpaid family members, friends, and volunteers may provide necessary medications and services to these clients and others, often without the oversight and training proposed in HB 1409.

Under RCW 28A.210.260, public school districts and private schools "may provide for the administration of oral medication of any nature to students who are in the custody of the school district or school at the time of administration." The school board or administration must adopt policies, in consultation with one or more physicians or nurses, regarding designation of the school employees to provide for the administration of the medication, and the circumstances under which this shall occur. In addition, a physician licensed pursuant to chapter 18.71 RCW or a nurse licensed pursuant to chapter 18.88 RCW must "train and supervise the designated school district personnel in proper medication procedures." The training and tasks authorized for nurse delegation in this statute are analogous to, but less-specific and less-thorough, than in HB 1409.

In addition, RCW 28A.210.280 allows school personnel to "provide for clean, intermittent bladder catheterization of students, or assisted self-catheterization of students . . . in substantial compliance with: (a) Rules adopted by the state board of nursing and the instructions of a registered nurse under such rules; and (b) Written policies of the school district or private school which shall be adopted in order to implement this section." Catheterization is more invasive than many of the proposed services which would be permitted to be delegated under HB 1409, with less clarity and specificity in the nature of training and supervision required.

**3. There does not appear to be a less-regulatory alternative to the applicants' proposal.**

DDD has implemented core training for direct service staff in DDD-certified community residential programs. Such standards established by administrative decision or rule may be preferable to statutory regulation of a health profession, but without statutory changes none of the nursing tasks may be delegated to nursing assistants.

Because they are aware of the Sunrise Review criteria, the applicants deliberately chose to request the least-regulatory means for accomplishing the desired protection of clients. The applicants have indicated willingness to change the level of regulation to certification if it is felt that this would better protect clients, but they explicitly desire the least-complicated acceptable approach.

**4. The applicants have repeatedly updated and modified their proposal in order to incorporate adequate protections for clients, registered nurses, and nursing assistants.**

The amendments to HB 1409 that have been proposed by the applicants, in consultation with the Board of Nursing, reflect a willingness to accommodate the concerns and desires of other organizations and developmentally disabled persons involved.

There are two amendments which are most critical: (1) the amendment which provides for absolute authority to the registered nurse for deciding what tasks, in what cases, for whom, and to whom to delegate; and (2) the amendments which grant authority for promulgation of rules and regulations governing NA/DDs (specifically including training requirements) jointly to DSHS and the State Board of Nursing. These amendments have established safeguards to ensure that clients receive appropriate care from adequately-qualified professionals, and were added by the applicants at the specific request of concerned organizations.

## Regulation in Other States

(as reported to Department of Health)

State	Level of Regulation*
AZ, ID, IL, IN, IA, MD, MT, MI, MN, NE, NM, OH, SC, SD, TX, TN, UT, WV	Registry Only/OBRA requirements (no specific DD category)
AR, CT, DE, FL, HI, MA, ME, NH, NC, NM, OR, RI, VA, WI, Virgin Islands	Registration/certification of NAs (no specific DD category)
NY	Registration of NAs, with an exemption from licensing regulation for attendants providing care for the developmentally disabled in institutions under state jurisdiction.
MO	Certification of NAs, with a medication technician category (allows NAs to administer nonparenteral medications) and an insulin training category (allows NAs to administer insulin).
CO	"Psychiatric Technicians" -- confined to practice in state hospitals or other state institutional settings.
Mariposa	No regulation

\* The level of regulation cited may or may not equal Washington State's definition of registration, certification or licensing.

## Recommendations

1. **Applicant's proposal to create a new category of Nursing Assistant - Registered (NAR) Specializing in Developmental Disabilities should be accepted, with the following amendments:**

*Rationale:* The applicants have met all three of the Sunrise Review criteria. Though little documentation has been provided to demonstrate the potential harm to the public from the *status quo*, the uniform presumption of all participants in this review has been that such potential harm is real. The applicants have shown the manner in which this proposal attempts to alleviate this harm to the public health through creating a category of trained staff to provide needed care to specific clients. There is no readily-apparent method to alleviate this harm that is less-regulatory or less-expensive than the applicant proposal, particularly due to the current statutory prohibition against this form of nurse delegation.

Though there are concerns over the risk to clients from inadequately-trained nursing assistants providing significant medical services to clients, the amendments to HB 1409 as proposed here, all but one of which have been approved by the applicants, would provide for very strong safeguards in the form of absolute delegation control for nurses and joint rulemaking authority over training requirements for DSHS and the State Board of Nursing.

A. *Section 1 (1), page 1, line 10:*

After "adult family homes", delete "licensed under chapter 70.128 RCW" and insert "to whom RCW 71A.12 applies"

This addition clarifies that this proposal is intended to apply to only those adult family homes certified as community residential programs by DSHS.

B. *Section 1 (1)(g), page 2, line 3:*

After "procedures", delete all language through "reactions" on line 4 and insert "shall include activating emergency services, specifically, calling 911 and notifying the attending physician and/or supervising nurses"

Because recognition and treatment of anaphylactic reactions is difficult, this amendment requires the NA/DD to seek emergency expert assistance rather than attempting to provide treatment.

C. *Section 1 (3), page 2, line 14:*

Delete all language through "disabilities" on line 15 and insert "The nursing assistant specializing in developmental disabilities shall receive the training specified in this subsection. The person conducting the training must be a registered nurse licensed under chapter 18.88 RCW."

This amendment emphasizes the required training and specifies who is permitted to provide the training.

*D. Section 1 (4)(i), page 3, line 37:*

After "authority" delete "for" and insert "of the registered nurse shall be limited to"

This amendment limits the liability of the registered nurse to only those areas over which he or she has control: the actual teaching and delegation of specific tasks.

*E. Section 1 (4)(i), page 4, line 2:*

After "disabilities", insert "and the determination of which nursing assistants specializing in developmental disabilities, and the number of nursing assistants specializing in developmental disabilities that must be taught and delegated the task of administration of insulin and gastrostomy tube feedings,"

This amendment specifies that the training nurse shall be the person to determine which and how many NA/DDs shall be allowed to administer insulin and gastrostomy tube feedings.

*F. Section 1 (4)(j), page 4, line 3:*

Delete all language in subsection, and renumber remaining subsections accordingly.

The language in this subsection is incorporated in amendment (E) above.

*G. Section 1 (4)(l), page 4, line 14:*

After "supervision" insert ", and reviews conducted at least annually,"

This amendment specifies the minimum frequency of proficiency reviews of the NA/DD by the delegating registered nurse.

*H. Section 1(5), page 4, at the beginning of line 19:*

Insert "The delegating nurse should consider if the nursing assistant specializing in developmental disabilities must complete specified coursework, such as all or part of the certified nursing assistant classroom training, prior to tasks being delegated."

This amendment clarifies to the delegating nurse that the intent is to encourage proper training of nursing assistants prior to task delegation, and that formal classroom training should be considered a reasonable request.

*I. Section 1 (6), page 4, line 24:*

Insert new subsection (6) "Verification of current registration by anyone holding themselves out to be a nursing assistant specializing in developmental disabilities and any restrictions relating to the registration shall be the responsibility of the employer of the nursing assistant specializing in developmental disabilities." Renumber remaining subsections accordingly.

This amendment establishes the responsibility of the employer to verify registration and restrictions of a NA/DD.

*J. Section 1 (6), page 4, line 24:*

"Development of rules and regulations implementing subsections (2), (3), (4), and (5) of this section shall be jointly promulgated by the secretary of the department of social and health services and the Washington state board of nursing." Renumber remaining subsections accordingly.

This amendment ensures that the development of rules and regulations for those subsections governing and implementing the authority, training, delegation, and responsibility shall be drafted and promulgated jointly by DSHS and DOH. This promotes a diversity of perspectives and interests in the rulemaking process.

*K. Section 1 (6), page 4, line 24*

Insert new subsection (7) "Training necessary in this act to provide care in residential settings for people with developmental disabilities shall be in addition to the specific nursing assistant training specified in this section. Such additional training shall be jointly promulgated in rules and regulations by the secretary of the department of social and health services and the Washington state board of nursing." Renumber remaining subsections accordingly.

This amendment specifies that DSHS and DOH shall jointly determine the appropriate training curriculum that shall be required of anyone seeking to become a NA/DD.

*L. Section 3 (5), page 5, line 29:*

After "persons," insert "and being subject to the provisions of chapter 18.130 RCW,"

This amendment ensures that those persons registering as NA/DDs are subject to the provisions of the Uniform Disciplinary Act.



2. **A review of the effectiveness of this program in 1996 should be included using sunset criteria as a guide.**

Despite the narrow focus on specific sets of tasks and clients, this proposal still constitutes an unprecedented delegation of nursing tasks to nursing assistants. For this reason, the implementation of this program should be closely monitored. After a period of two years, the delegation should be re-assessed to determine whether the program has been beneficial to clients without having caused additional, unforeseen problems. If found beneficial, nurse delegation could potentially be expanded to other tasks and client populations by the Legislature. The state Board of Nursing should monitor implementation of these changes, and report to the State Board of Health, the Department of Health Secretary, and the Legislature in December 1995 on how well this program has worked and recommendations, if any, for changing, expanding, or terminating the delegation authority. The Board should use the sunset criteria in RCW 43.131.070 as a guide in preparing their report.

3. **Expansion of the nurse delegation to nursing assistants able to perform comparable tasks for comparable client populations should be considered.**

HB 1409 has two companion bills to allow nurse delegation of tasks to nursing assistants for two other DSHS client populations. HB 2132 would allow delegation in adult family homes as defined in chapter 70.128 RCW and assisted living settings as defined in RCW 74.39A.010, and HB 2133 would allow delegation for children with DD in foster family homes as defined in chapter 74.15 RCW. Both were submitted to the Department and SBOH via the sunrise process, but could not be formally reviewed prior to the 1994 legislative session. However, informal discussions with DSHS staff were held at the latter's request.

To the extent that the tasks to be delegated under these bills are identical to those proposed under HB 1409, and if the same provisions to protect clients, nurses, and nursing assistants as are in HB 1409 and proposed amendments were made in the other proposals, these bills should also receive favorable consideration. It should be noted that these other proposals include tasks not encompassed in HB 1409: HB 2132 includes changing sterile dressings, clean intermittent catheterization, inhalants, and oro-pharyngeal suctioning; HB 2133 includes the same tasks as HBs 1409 and 2132, plus intravenous therapy. These tasks should be formally reviewed prior to legislative action.

If additional client populations and/or tasks such as those found in HBs 2132 and 2133 are not found by the legislature to be appropriate at this time for delegation to nursing assistants, such a finding should not negatively reflect on the feasibility of HB 1409.

## **Participant List**

Janet Adams, State-wide Coalition of County Developmental Disability Advisory Boards  
Jan Blackburn, DSHS Division of Developmental Disabilities  
Patricia O. Brown, Washington State Board of Nursing  
Norm Davis, DSHS Division of Developmental Disabilities  
Michael S. Doctor, MSD Associates  
Joy Isham, The Arc of Washington  
Nancy James, Home Care Association of Washington  
Marcelle Johnsen, Service Employees International Union, 1199 Northwest  
Marty Johnson, Community Residential Services Association  
Jeff Larsen, Adult Licensed Family Homes of Washington  
Lis Merten, Washington State Nurses Association  
Pam Pasquale, Washington State Nurses Association  
Donna Patrick, Developmental Disabilities Planning Council  
Lois Simko, Service Employees International Union, 1199 Northwest  
Elizabeth Stanhope, Washington Protection and Advocacy System  
Mary Jo Wilcox, Washington Assembly for Citizens with Disabilities

## **Public Hearing and Review Panel**

Fern Bettridge, DOH, Health Services Quality Assurance  
Susan Boots, DOH, Health Services Development  
Steve Boruchowitz, DOH, Health Services Development  
Frank Chestnut, DOH, Office of the Secretary  
Nick Federici, State Board of Health